

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 MAY 27 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 736482

1. Corporation Name

FRATERNAL ORDER OF EAGLES LAKE WORTH  
AERIE #3694 INC.

**REINSTATEMENT**

700130260527  
05/27/08--01005--014 \*\*183.75

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

2101 LAKE WORTH RD

Suite, Apt. #, etc.

PO BOX 6647

City & State

LAKE WORTH FL 33461

Zip

33461

Country

U.S.A

3. Mailing Office Address

PO Box 6647

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

Zip

33466

Country

PAH BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

51-0193468

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BAHR, EDWARD J JR.

Street Address (P.O. Box Number is Not Acceptable)

2970 ASHLEY DR. E.

Suite, Apt. #, Etc.

VILLA D.

City

WEST PALM BEACH

State

FL

Zip Code

33415

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/19/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	NEIL H KAMPEN	1500 LUCERNAVE, LAKE WORTH	FLORIDA 23460
S	EDWARD J BAHR	2970 ASHLEY DRIVE E. VILLAD	WEST PALM BEACH FL 33415
G	RONALD W BAHR	2452 LENA LANE	W.P.B FL 33415
M	WILLIAM A SAWYER	3533 WILLIAMS STREET	LAKE PARK FL 33403
T	RICHARD SOTHEN	2457 GABRIEL LANE	W.P.B. FL 33405
T	BOB WRIGHT	102 LISA LANE	LAKE WORTH FL 33463

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

ED BAHR SEC  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


5/19/08 586-5333  
Date Daytime Phone #

2/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

"Additional officer"

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 736482

1. Corporation Name  
FRATERNAL ORDER OF EAGLES LAKE WORTH  
AERIE #3644 INC

2. Principal Office Address - No P.O. Box # 2101 LAKE WORTH RD Suite, Apt. #, etc. PO BOX 6647 City & State LAKE WORTH FLORIDA Zip 33461 Country U.S.A.		3. Mailing Office Address PO BOX 6647 Suite, Apt. #, etc. City & State LAKE WORTH FL Zip 33466 Country	
--	--	---	--

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

5. Fed Number  
51-0193468  
☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

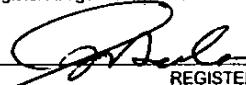
Name  
BAHR, EDWARD J JR

Street Address (P.O. Box Number is Not Acceptable)  
2970 ASHLEY DRIVE  
Suite, Apt. #, Etc.  
VILLAD.

City  
WEST PALM BEACH  
State  
FL  
Zip Code  
33415

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

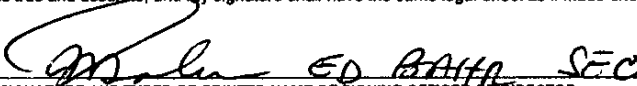
Signature of Registered Agent  Date 5/19/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T	WILLIAM HENRIKSEN	915 ND STREET	LAKE WORTH FL 33460

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  5/19/08 586 5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #